

Expanding Alaska's Syndromic Surveillance Program Through Tribal Health System Partnerships



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hot topics
in practice

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The Northwest Center for Public Health Practice acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations.

Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.

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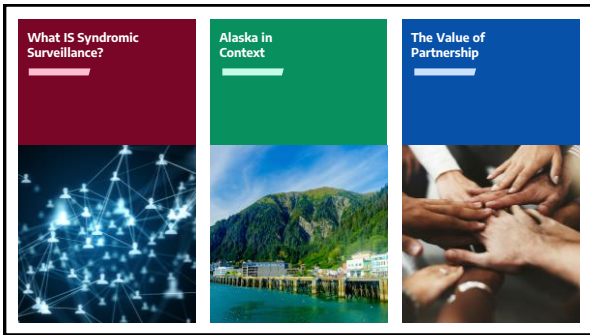
Question for the Viewers

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How familiar are you with syndromic surveillance?

- A. Very familiar
- B. Somewhat familiar
- C. Not at all familiar
- D. Other (type in chat)

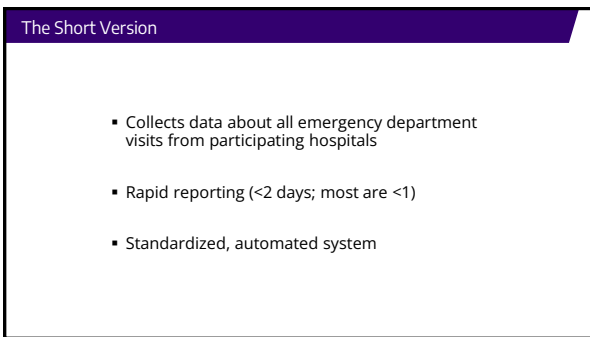
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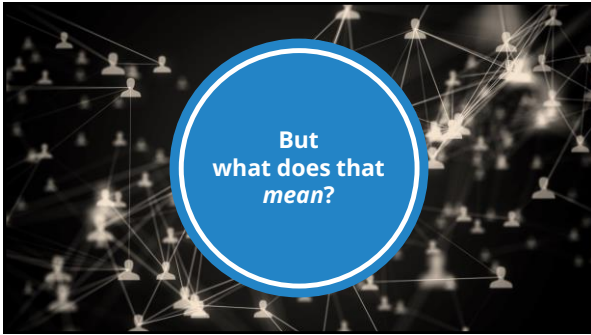
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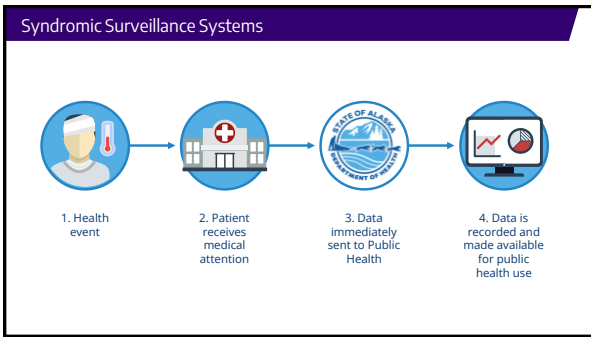
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Strengths and Weaknesses

Strengths

- ✓ Fast- near real time
- ✓ Convenient and allows for large amounts of data
- ✓ Flexible- we can adapt or incorporate new information

Weaknesses

- Less information about each visit/case/event
- Don't have the same information about everyone
- Can be 'noisy'
- Can be imprecise
- Only EDs → doesn't capture all outcomes

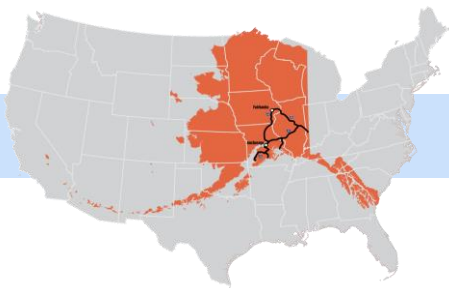
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Alaska in Context



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Alaska is **BIG**



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Demographics



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The Alaska Tribal Health System

- "Hub and Spoke" system
- Managed for and by ANAI people, funded by Indian Health Service
- 9 tribally managed hospitals, over 200 sub-acute facilities
- Many are Critical Access Hospitals



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Question for the Viewers

Does your organization currently have data use partnerships in place?

- A. Yes
- B. No
- C. I'm not sure
- D. Other (type in chat)

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Previous Tribal Hospital Participation in Syndromic Surveillance

- Meaningful use incentives brought some Tribal Hospitals on board in 2010s
- Engagement of facilities had decreased
- COVID brought an opportunity for quick data access to ANMC

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Tribal Epidemiology Centers

There are 12 nationally recognized Tribal Epidemiology Centers:

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Value of Syndromic Surveillance Data for the Tribal Health System

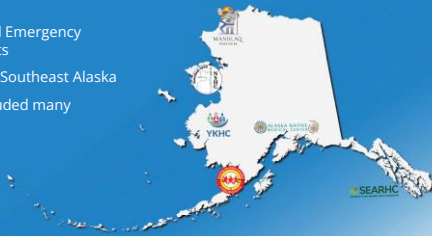


- Customized reports
- Technical assistance
- AN/Al people more represented in state data

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Project to Expand Participation – May 2022

- Seven Tribal Emergency Departments
- 16 clinics in Southeast Alaska
- Project included many partners



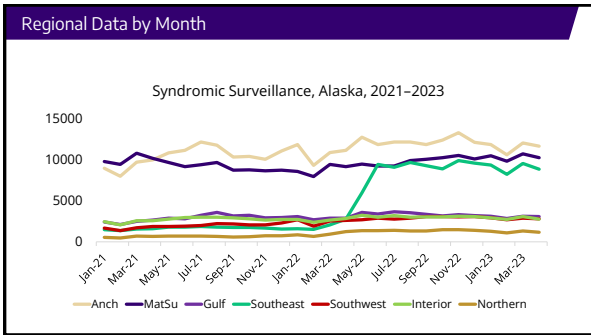
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Value of Partnership to the State of Alaska



- Right thing to do
- Point of contact for Tribal health system
 - Finding the right person
 - Onboarding/data quality advocate
 - Communications with system
- More users are better for program sustainability

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Up Next

- Onboard more Tribal Health Organizations
- Onboard more Tribal Health Clinics
- Continue strong partnership


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Key Takeaways

- The partnership between Alaska's department of public health and The Alaska Native Epidemiology Center has provided value to both entities
- Tools already exist within NSSP to make sharing data possible and simple
- Many lessons were learned through the Syndromic Surveillance data sharing process that could potentially be applicable to other areas of data sharing.

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A Chat with Anna Frick and Lowrie Ward




Sue Grinnell Anna Frick Lowrie Ward

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QUESTIONS?



To ask a question, please click the  icon in the Zoom toolbar to open your Q&A Pod.

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Resources

CDCs National Syndromic Surveillance Program (NSSP)
<https://www.cdc.gov/nssp/index.html>

Alaska Native Epidemiology Center
<http://anthctoday.org/epicenter/sys.html>

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